CASE 078

CŌRE DIAGNOSTICS™

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CLINICAL HISTORY:

A 22 year male presented with complaints of fever and generalized fatigue, loss of weight for 2 months and heaviness of abdomen with vague abdominal pain for 3 months.

On examination of the patient, he was febrile (40.2°C) and tachycardic (125 bpm), with palpable tender spleen, 12 cm below the left costal margin with mild hepatomegaly and absence of peripheral lymphadenopathy.

CBC revealed pancytopenia (Hb of 10 g/dL, TLC of 2400 cells/ cumm with 44% lymphoid cells and platelet count of 90000/uL). He also had elevated erythrocyte sedimentation rate at 51 mm/h and Lactic dehydrogenase was slightly elevated to 268 U/L. Ultrasound examination showed massive splenomegaly with homogeneously enlarged liver.

PET CT scan showed no lymphadenopathy.

Differential diagnosis of a) Splenic marginal zone lymphoma b) Hairy cell leukemia c) Primary Myelofibrosis d) Kala azar were made. Bone marrow aspirate and biopsy were done and sent for morphological and flow cytometric evaluation..

PATHOLOGICAL FINDINGS:

Peripheral smear and bone marrow aspirate findings:

Peripheral smear showed normocytic normochromic RBC's predominantly. Total leucocyte count and platelets were reduced. Smear also showed lymphoid cells constituting 44% of cell count. Most of these lymphoid cells were larger than small lymphocytes and showed granules.

Bone marrow aspiration was cellular and showed infiltration by atypical lymphoid cells which were of intermediate size, had round to oval nuclei, loosely condensed chromatin, 0-1 nucleoli & thin rim of cytoplasm. These cells comprised 66% of cell count. Erythroid, myeloid and megakaryocytic series were reduced.

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